

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/913902	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	✓								
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TOTAL IND.	1								
TOTAL DEP.	32	→	→	→					
TOTAL CLAIMS	33								

  

CLAIMS						
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		→	→	→		
TOTAL CLAIMS						